

MAINE PUBLIC UTILITIES COMMISSION

APPLICATION TO REGISTER AS A SERVICE PROVIDER OR BILLING

AGGREGATOR, pursuant to 35-A M.R.S.A. § 7107 and MPUC Rules, [Chapter 297](#), "Anti-Cramming Rule: Registration Requirements, Complaint Procedures and Penalty Provisions for Service Providers and Billing Aggregators."

Please print or type all required information. All attachments should bear the legal name of the Applicant and should be included on the electronic copy provided. Applicants should file completed applications and all related correspondence with: [Betty Bero](#), **Consumer Assistance Division, [Maine Public Utilities Commission](#), 18 State House Station, 242 State Street, Augusta, ME 04333-0018.**

PROVIDE ALL INFORMATION REQUIRED BELOW. INFORMATION MAY BE PROVIDED IN ATTACHMENTS TO THIS APPLICATION IF NECESSARY.

1	Applicant's legal name:	
2	Application is for (<i>Check one</i>):	Billing Aggregator [] Service Provider []
3	Name(s) under which Applicant will do business in Maine:	
4	Applicant's business street address:	
5	Applicant's mailing address, if different:	
6	Contact person, address, and telephone number for regulatory matters: <i>(Provide fax number and e-mail address, if available.)</i>	
7	Contact person, mailing address, and toll free telephone number for customer complaints:	
8	Name(s) of billing agent(s) in Maine authorized to bill for applicant:	

9	Name, address and title of each officer and director, partner, or similar officer.	
10	Does the applicant, or any of the individuals identified in question 9 above, have any pending or concluded administrative, civil, or criminal legal actions that relate to or arise from billing transactions, business fraud, and unfair or deceptive sales practices? If yes, please describe.	

Registration Requirements

- 1) An original and two (2) Copies of this Registration Application must be provided. A copy of this form can be down loaded from the Commission's Worldwide Website <http://www.state.me.us/mpuc/>.
- 2) Applicants must also provide an electronic copy of their application in Microsoft Word format on a 3" X 5" diskette.
- 3) The Application must be signed by two (2) officers of the Applicant and notarized.

Date: _____ BY (signature): _____

TYPED/PRINTED NAME: _____

TITLE: _____

Date: _____ BY (signature): _____

TYPED/PRINTED NAME: _____

TITLE: _____

Notary Public: _____

Signed: _____

Commission Expires: _____